

Partners Healthcare at Home Shares a Description of their Care Transition Work with Newton Wellesley Hospital

The [Partners Healthcare at Home](#) (PHH) **Heart Failure Pilot Program** at Newton Wellesley Hospital (NWH) was designed to provide a smooth transition for the patient with heart failure from the acute hospital setting to the home environment. The long term goal of the pilot is to decrease hospital readmissions for this patient population. One of the critical elements to the success of the program is an increase in the streamline communication process. This has provided a smooth pathway for the continuum of care between the hospital, homecare team, heart failure clinic and patient.

The overall success of the pilot was secured by **initiating small tests of change** that collectively had a positive impact. Tests that were initiated included the following:

- NWH Nurses attended joint visits with PHH Nurses and added specific feedback and suggestions for the pilot
- Assessment of all end stage heart failure patients for Hospice referral
- PHH Nurse Liaisons attend multidisciplinary rounds at NWH with the Case Management team
- PHH Nurse Liaisons develop relationship with NWH Heart Failure Clinic Team
- The Liaison team identifies critical pieces of information related to risk factors that could contribute to a readmission
- Communication is maintained between the PHH Nurses and the NWH Heart Failure Clinic while the patient is active with homecare
- NWH Heart Failure Clinic is notified upon patient discharge from homecare

Twenty-two patients have been referred to the program and eleven patients have been successfully discharged from the pilot after all goals were met. After discharge from home care, patients are followed by PHH's telemonitoring program. Only one patient was readmitted for heart failure exacerbation within a 30 days period. We are very excited about the success of the pilot and after three phases the pilot has been **adopted as a best practice model** for this client base.

If you are interested in learning more about Partners Healthcare at Home's care transition work ("Chronic Care Management Program") and improvements please contact:

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Partners HealthCare at Home is a member of Partners HealthCare, founded by Massachusetts General Hospital and Brigham and Women's Hospital.